

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. **118**  
Registrar's No. \_\_\_\_\_

1. Place of Death: (a) County Greenlee (b) City or Town Duncan (c) Location \_\_\_\_\_  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 23 years; in Arizona 23 years  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona (b) County Greenlee (c) City or Town Duncan  
(If outside city limits also write RURAL)  
(d) Street No. \_\_\_\_\_; (e) Citizen of foreign country (yes or No) No  
If Yes, which country \_\_\_\_\_  
3. (a) FULL NAME John Crittenton Burleson (b) If Veteran name war \_\_\_\_\_ (c) Social Security No. None

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife Lenora Burleson 6. (c) Age of husband or wife, if alive 63 yrs.

7. Birthdate of deceased September 16, 1875  
(Month) (Day) (Year)

8. AGE: Years 67 Months 5 Days 26 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Tuscumbia Alabama  
(City, town or county) (State or Country)

10. Usual Occupation Farmer

11. Industry or Business Farming

12. Name J. Lafayette Burleson

13. Birthplace Tuscumbia Alabama  
(City, town or county) (State or Country)

14. Maiden Name Albina Pope

15. Birthplace Alabama  
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. J. B. Burleson

(b) Address Duncan, Arizona

17. (a) Burial, Cremation or Removal Burial

(b) Place Duncan, Ariz (c) Date March 13 1943

18. (a) Embalmer's Signature Family

(b) Funeral Director \_\_\_\_\_

(c) Address Duncan, Arizona

19. (a) March 17-1943  
(Date received local Registrar)

(b) Eugene Romney  
(Registrar's Signature)

20M 100% Rag 8-42 B. Co. County File No. \_\_\_\_\_ Date Received \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 10, 1943;  
TIME (Hour and minute) 12 noon M.

21. I hereby certify that I attended the deceased from March 10, 1943  
to March 10, 1943;  
that I last saw him alive on March 10, 1943;

and that death occurred on the date and hour stated above.  
Immediate cause of death Apoplexy, cerebral, capillary.

Due to Arterial hypertension.

Due to Atherosclerosis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature A. T. Neighor M. D.

Address Duncan, Ariz Date signed 3/15/43

DURATION

1 year

unknown

PHYSICIAN

Underline the cause to which death should be charged statistically